	LEA:Physical Therapy Progress Notes							
			Physical	i inerapy Progr	ess Notes			
Student Name:				Medicaid #:			Month / Year:	
Short Te	erm Goals w	vith acheivment						
	tudent will	itii aciiciviiiciit						
2. The st	tudent will							
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				Treatment Log				
Date	*Type of Contact	Short Term Goal	Therapeuti	c Activity		nse to Treatment neasurable)	Initials	
	Contact	Addressed (#)			(must be i	neasur abie)		
			☐Gait ☐Balance	☐Strengthening ☐Coordination				
			□W/C Mgmt.	Motor Planning				
			Transfers	☐Ex. Program				
			☐Instruction of Staff	/ Caregiver				
			☐Gait	Strengthening				
			Balance	Coordination				
			□W/C Mgmt.	Motor Planning				
				Ex. Program				
			☐Instruction of Staff	/ Caregiver				
			☐Gait	Strengthening				
			Balance	Coordination				
			☐W/C Mgmt. ☐Transfers	☐Motor Planning ☐Ex. Program				
			☐Instruction of Staff					
			☐Gait ☐Balance	☐ Strengthening ☐ Coordination				
			□W/C Mgmt.	☐ Motor Planning				
			Transfers	Ex. Program				
			☐Instruction of Staff	/ Caregiver				
			Gait	Strengthening			_	
			Balance	■ Coordination				
			☐W/C Mgmt. ☐Transfers	Motor Planning				
			☐ Instruction of Staff	Ex. Program // Caregiver				
* Type o	of Contact:	I = Individu		SA = Studen		erapist Absent		
		U = Unavai	lable	C = Commu	ınication w/ parent or p	orofessional (not billab	de)	
Therania	t / Acct The	rapist Signature &	Title Drin	ted Name and Tit	tle	 Initials		
Therapis	i / Asst. Tile	iapisi signature o	CHUC FIIII	icu maine anu Th		imuais		
Supervis	ing Theranic	t Signature & Titl	e Sun	ervising Theranic	t Printed Name & Title	Initials		

PT Long Form KgB 8/00 Revised 03-01

Student Name:	Medicaid #:	Month / Year:

Date	*Type of Contact	Short Term Goal Addressed (#)	Therapeutic Activity	Student Response to Treatment (must be measurable)	Initials
		Addressed (#)	Gait Strengthening Coordination W/C Mgmt. Motor Planning Transfers Ex. Program Instruction of Staff / Caregiver		
			Gait Strengthening Balance Coordination W/C Mgmt. Motor Planning Transfers Ex. Program Instruction of Staff / Caregiver		
			Gait Strengthening Balance Coordination W/C Mgmt. Motor Planning Transfers Ex. Program Instruction of Staff / Caregiver		
			Gait Strengthening Balance Coordination W/C Mgmt. Motor Planning Transfers Ex. Program Instruction of Staff / Caregiver		
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			Gait Strengthening Balance Coordination W/C Mgmt. Motor Planning Transfers Ex. Program Instruction of Staff / Caregiver		
			Gait Strengthening Balance Coordination W/C Mgmt. Motor Planning Transfers Ex. Program Instruction of Staff / Caregiver		

PT Long Form KgB 8/00 Revised 03-01 \* Type of Contact: I = Individual G = Group U = Unavailable

SA = Student Absent TA = Therapist Absent C = Communication w/ parent or professional (not billable)